



Approved For Release 2000/08/29 : CIA-RDP78-05077A000100080009-6 T E R

110 IRVING STREET, N. W. • WASHINGTON, D. C. 20010

December 1, 1972

STATINTL

Mr. [REDACTED]  
Personnel Officer  
Central Intelligence Agency  
Washington, D. C. 20505

STATINTL

Dear Mr. [REDACTED]

The Department of Alcohol Programs Counseling Center for Alcohol Abuse is now ready to receive clients for treatment. A member of our staff will contact you for an appointment this week. We hope that you will be able to meet with a team from our office this week or next.

At this meeting, we want to become acquainted with your needs, to explain to you the services which we are prepared to offer and to develop the procedures for a referral relationship, if appropriate.

Please contact us immediately if you have clients to refer, or if you wish to arrange a meeting time this week which would be convenient for you.

We look forward to talking with you soon.

We are located at 1100 - 17th Street, N.W., on the fifth floor. Our telephone number is 833-1690.

Sincerely,

*Joachim J. Bakey*

Joachim J. Bakey  
Director of Outreach  
Department of Alcohol Programs

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REPLY TO: COUNSELING CENTER FOR ALCOHOL ABUSE, FIFTH FLOOR, 1100 17TH STREET, N.W. WASHINGTON, D.C. 2003

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TRANSMITTAL SLIP		23 Jan 1973
TO: Office of the D/MS		
ROOM NO. 1D-4061	BUILDING Hqs.	<i>[Handwritten signature]</i> 31 JAN 1973
REMARKS:		
<p>Tube: DX-5</p> <p><i>[Handwritten: D/MS]</i> 1 FEB 1973 <i>[Handwritten: CURB]</i></p> <p><i>[Handwritten: C/PS]</i> 1 FEB 1973</p> <p><i>[Handwritten: D/PS]</i> 1 FEB 1973 <i>[Handwritten: R]</i></p> <p>2 FEB 1973 <i>[Handwritten: O-Dims]</i></p>		
FROM: Director of Personnel		
ROOM NO. 5E-56	BUILDING Hqs.	EXTENSION 6825

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TO		NAME AND ADDRESS	DATE	INITIALS
1	Director of Personnel 5E-56 Hqs.			
2				
3				
4				
5				
6				

<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY	<input type="checkbox"/>	PREPARE REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH	<input type="checkbox"/>	RECOMMENDATION
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE	<input type="checkbox"/>	RETURN
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION	<input checked="" type="checkbox"/>	SIGNATURE

**Remarks:**

*for your consideration*

*[Signature]*

FOLD HERE TO RETURN TO SENDER	
FROM: NAME, ADDRESS AND PHONE NO.	DATE
Director of Medical Services	23 Jan 73